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| **MONTGOMERY COUNTY GOVERNMENT****ADA Title II Request for Reasonable Accommodation Form** **Instructions:** If you are completing this form for another individual, please submit their contact information and the preferred method of contact. If you are the person who we should contact, please submit your information and your preferred method of contact. Submit to Montgomery County ADA Coordinator.

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| --- | --- |
| Person Completing this Form: |  Citizen  Representative of Citizen |
| Today’s Date:  |
| **Citizen Contact information** |
| Name: |
| Street Address, Zip |
| Telephone Number |
| E-Mail Address |
| Preferred Method of Contact:  E-Mail  Telephone  Mail |
| **Representative of Citizen Contact Information** |
| Name: |
| Street Address, Zip |
| Telephone Number |
| E-Mail Address |
| Preferred Method of Contact:  E-Mail  Telephone  Mail |
| **Accommodation Information** |
| Please Identify the City department or office associated with the program, service, or activity: |  |
| Please specify the program, service or activity you are seeking to participate: |  |
| Accommodation you are requesting: |  |
| How will this accommodation assist you? |  |
| **If you would like to include additional information, please provide that information and attach it to this form** |

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